General Studies
Extended Education

Request for Deferred Examination Form

Please read before filling out the form
• detailed information on deferred examinations is given in the University of Manitoba Undergraduate Calendar
• the deferred examination could possibly be written in the next examination series and you are responsible for any changes in course content.
• the department offering the course decides the date and time you will write the deferred examination. You are required to maintain contact with the department to determine date/time/location of your approved deferred exam.
• compassionate reasons do not include conflicts with holidays or travel plans

A. This section to be completed by the student (please print clearly)

Name_________________________ Student Number_________
Address________________________ Postal Code_________
Phone Number(s) Home_________ Work/Cell_________ Email Address_________

Please list the course(s) you are requesting the Deferred Examination for and state your reasons on the reverse side of this form.

Fall Term 20 ______ Winter Term 20______ Summer Session 20______

<table>
<thead>
<tr>
<th>CRN</th>
<th>Department</th>
<th>Course Number</th>
<th>Lecture Section</th>
<th>Original Examination Date</th>
<th>Name of Instructor</th>
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Based on:  
Medical ☐ (must provide a medical certificate indicating period of illness or disability)  
Other ☐ (must provide appropriate documentation certifying the reason)

• Did you write the final examination(s) as scheduled? (If Yes, are you prepared to relinquish your final grade from the original exam?)  
  Yes ☐ No ☐ Initial________

• Have you deferred the examination(s) previously?  
  Yes ☐ No ☐

• Have you completed all required term work? (If No, have you made written arrangements with the instructor to complete the term work at a later date?)  
  Yes ☐ No ☐ Initial________

What is the earliest date you feel you can write this examination:___________________________________________

Signature (of student)_________________________________ Date:____________________

Freedom of Information and Protection of Privacy Act Statement

This personal information is being collected under the authority of The University of Manitoba Act. It will be used for the purpose of obtaining information related to student's request for a deferred examination and assessing whether a deferred examination should be granted. It will not be used or disclosed for other purposes, unless permitted by The Freedom of Information and Protection of Privacy Act. Your personal information is protected by the Protection of The Freedom of Information and Protection of Privacy Act. If you have any questions about the collection of your personal information, contact the Access & Privacy Coordinator's office (tel. 204-474-8339), 233 Elizabeth Dafoe Library, Winnipeg, MB Canada R3T 2N2.
Guidelines for Health Care Professionals

Certificates of Illness

The University of Manitoba requires that students provide proof of an illness/injury in order to implement appropriate academic policies and accommodations on their behalf.

For the University to accept this documentation it must be on official office stationery such as letterhead or a personalized prescription pad, and it should contain the following information:

- Student’s name
- Date(s) you saw the student
- Date of onset of the illness/injury or date of onset of the acute period if the illness is chronic
- Statement indicating the degree of incapacity of the student as it relates to their ability to perform their academic work, i.e., ability to attend classes, complete assignments, prepare for and/or write tests or exams
- Statement indicating the duration or estimated duration of incapacity
- Your contact information including phone number

Please note the following:

- The University requires specific information about whether and to what degree the illness/injury/treatment affects the student’s academic performance, and not the specific nature or treatment of the illness/injury itself
- You must have seen the student during or immediately following the illness/injury, or when it was first possible for the student to seek/receive treatment from you
- An academic advisor or university administrator may contact you to verify the information you provided to the student. Additional information should not be requested from you without permission from the student

Please contact Student Advocacy at 474-7423 if you have any questions or concerns.

1. Adapted from University of Manitoba Guidelines for physicians